

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>39271</i>
<i>Company Tracking Number:</i>	<i>1BJ</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Covenant II</i>		
<i>Project Name/Number:</i>	<i>Covenant II/1BJ et al</i>		

Filing at a Glance

Company: MTL Insurance Company	SERFF Tr Num: MTLC-125647304	State: ArkansasLH
Product Name: Covenant II	SERFF Status: Closed	State Tr Num: 39271
TOI: L07I Individual Life - Whole	Co Tr Num: 1BJ	State Status: Approved-Closed
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life		
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Laura Callahan	Disposition Date: 06/27/2008
	Date Submitted: 06/11/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		
f		

General Information

Project Name: Covenant II	Status of Filing in Domicile: Pending
Project Number: 1BJ et al	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/27/2008	
State Status Changed: 06/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
These forms are new and are being submitted for approval.	

Form 1BJ is a Whole Life Insurance Policy (sex distinct). Premiums are payable to age 90. This Policy is Participating. This policy will be marketed by our agency field force. It is not intended for restricted use in any specific market, nor for direct or mass marketing.

SERFF Tracking Number:	MTLC-125647304	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	39271
Company Tracking Number:	1BJ		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Covenant II		
Project Name/Number:	Covenant II/1BJ et al		

Form 1BK is a Whole Life Insurance Policy (unisex). Premiums are payable to age 90. This form will be used for qualified business requiring unisex rates. This Policy is also Participating.

Also being submitted for approval are the riders below:

Form P16 is a Paid-Up Additional Insurance Rider (sex distinct). This is a single premium rider. This rider is participating. It can be used with policy Form 1BJ and is marketed by our agency field force. It is not intended for restricted use in any specific market, nor for direct or mass marketing.

Form P17 is a Paid-Up Additional Insurance Rider (unisex). This is a single premium rider. This rider is participating. It can be used with policy Form 1BK and is marketed by our agency field force. This form will be used for qualified business requiring unisex rates.

Form P20 is a Paid-Up Additional Insurance Rider (sex distinct). This rider will allow the Insured to purchase Paid-Up Life Insurance each year to a maximum age of 80. This rider is participating. It can be used with policy Form 1BJ and is marketed by our agency field force. It is not intended for restricted use in any specific market, nor for direct or mass marketing.

Form P21 is a Paid-Up Additional Insurance Rider (unisex). This rider will allow the Insured to purchase Paid-Up Life Insurance each year to a maximum age of 80. This rider is participating. It can be used with policy Form 1BK and is marketed by our agency field force. This form will be used for qualified business requiring unisex rates.

Company and Contact

Filing Contact Information

Laura Callahan, Product Filing Coordinator
1200 Jorie Blvd.
Oak Brook, IL 60522

CallahanL@mutualtrust.com
(630) 684-5319 [Phone]
(630) 684-5487[FAX]

Filing Company Information

MTL Insurance Company

CoCode: 66427

State of Domicile: Illinois

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>1BJ</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Covenant II</i>		
<i>Project Name/Number:</i>	<i>Covenant II/1BJ et al</i>		

1200 Jorie Blvd.	Group Code: -99	Company Type: Life
Oak Brook, IL 60522	Group Name:	State ID Number:
(800) 323-7320 ext. [Phone]	FEIN Number: 36-1516780	

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	Yes
Fee Explanation:	\$50 per each form filed - 6 forms filed = \$300.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MTL Insurance Company	\$300.00	06/11/2008	20789565

SERFF Tracking Number:	MTLC-125647304	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Covenant II		
Project Name/Number:	Covenant II/1BJ et al		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/27/2008	06/27/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/17/2008	06/17/2008	Laura Callahan	06/26/2008	06/26/2008

SERFF Tracking Number: MTLC-125647304

State: Arkansas

Filing Company: MTL Insurance Company

State Tracking Number: 39271

Company Tracking Number: 1BJ

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Covenant II

Project Name/Number: Covenant II/1BJ et al

Disposition

Disposition Date: 06/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MTLC-125647304 State: Arkansas

Filing Company: MTL Insurance Company State Tracking Number: 39271

Company Tracking Number: 1BJ

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Covenant II

Project Name/Number: Covenant II/1BJ et al

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form (revised)	Whole Life Insurance Policy (sex distinct)		Yes
Form	Whole Life Insurance Policy (sex distinct)	Withdrawn	No
Form (revised)	Whole Life Insurance Policy (unisex)		Yes
Form	Whole Life Insurance Policy (unisex)	Withdrawn	No
Form	Single Premium Paid-Up Insurance Rider (sex distinct)		Yes
Form	Single Premium Paid-Up Insurance Rider (unisex)		Yes
Form	Annual Premium Paid-Up Insurance Rider (sex distinct)		Yes
Form	Annual Premium Paid-Up Insurance Rider (unisex)		Yes

SERFF Tracking Number: MTL-125647304 State: Arkansas
Filing Company: MTL Insurance Company State Tracking Number: 39271
Company Tracking Number: 1BJ
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Covenant II
Project Name/Number: Covenant II/1BJ et al

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/17/2008
Submitted Date 06/17/2008
Respond By Date
Dear Laura Callahan,
This will acknowledge receipt of the captioned filing.

Objection 1

- Whole Life Insurance Policy (sex distinct) (Form)
- Whole Life Insurance Policy (unisex) (Form)

Comment: Please refer to policy Reinstatement provision the statement "The Company's liability will be limited to the amount of premium paid if the Insured's death is caused by suicide within one year from the reinstatement date." This statement is not in compliance with Ark. Code. Ann. 23-81-115(a)(2)(E). After the incontestable period you may not restart upon reinstatement.

The interest on delay of death claim is not in compliance with Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/26/2008
Submitted Date 06/26/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Please find revised policies to include your corrections. Pg 5 in the reinstatement provision, the last sentence was removed and Pg 7 the death benefit provision was revised. thank you.

SERFF Tracking Number: MTL-125647304 State: Arkansas

Filing Company: MTL Insurance Company State Tracking Number: 39271

Company Tracking Number: 1BJ

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Covenant II

Project Name/Number: Covenant II/1BJ et al

Related Objection 1

Applies To:

- Whole Life Insurance Policy (sex distinct) (Form)
- Whole Life Insurance Policy (unisex) (Form)

Comment:

Please refer to policy Reinstatement provision the statement "The Company's liability will be limited to the amount of premium paid if the Insured's death is caused by suicide within one year from the reinstatement date." This statement is not in compliance with Ark. Code. Ann. 23-81-115(a)(2)(E). After the incontestable period you may not restart upon reinstatement.

The interest on delay of death claim is not in compliance with Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance Policy (sex distinct)	Form 1BJ		Policy/Contract/Fraternal Certificate	Initial		51	Form 1BJ AR.pdf
Previous Version							
Whole Life Insurance Policy (sex distinct)	Form 1BJ		Policy/Contract/Fraternal Certificate	Initial		51	Form 1BJ.pdf
Whole Life Insurance Policy (unisex)	Form 1BK		Policy/Contract/Fraternal Certificate	Initial		50	Form 1BK AR.pdf
Previous Version							
Whole Life Insurance Policy (unisex)	Form 1BK		Policy/Contract/Fraternal Certificate	Initial		50	Form 1BK.pdf

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
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Laura Callahan

SERFF Tracking Number: MTL-125647304 State: Arkansas

Filing Company: MTL Insurance Company State Tracking Number: 39271

Company Tracking Number: 1BJ

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Covenant II

Project Name/Number: Covenant II/1BJ et al

Form Schedule

Lead Form Number: 1BJ

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 1BJ	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy (sex distinct) al Certificate			51	Form 1BJ AR.pdf
	Form 1BK	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy (unisex) al Certificate			50	Form 1BK AR.pdf
	Form P16	Certificate	Single Premium Amendmen Paid-Up Insurance t, Insert Rider (sex distinct) Page, Endorseme nt or Rider	Initial		51	P16 _2001CSO SPUAR Unismoke_.p df
	Form P17	Certificate	Single Premium Amendmen Paid-Up Insurance t, Insert Rider (unisex) Page, Endorseme nt or Rider	Initial		50	P17 _2001CSO SPUAR Unismoke_ UNISEX.pdf
	Form P20	Certificate	Annual Premium Amendmen Paid-Up Insurance t, Insert Rider (sex distinct) Page, Endorseme nt or Rider	Initial		51	P20 _2001CSO APUAR Unismoke_.p df
	Form P21	Certificate	Annual Premium Amendmen Paid-Up Insurance t, Insert Rider (unisex) Page, Endorseme	Initial		50	P21 _2001CSO APUAR Unismoke_ UNISEX.pdf

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	nt or Rider		



MTL INSURANCE COMPANY

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Toll Free: 1-800-323-7320

Founded in 1904

Policy Number: [999999914A]
Insured: [John Trust]

Date of Issue: [February 1, 2008]
Face Amount: [\$100,000.00]

WHOLE LIFE INSURANCE POLICY

We, **MTL INSURANCE COMPANY**, will pay the Face Amount to the beneficiary upon receipt of proof of the death of the Insured, subject to the provisions on this and the following pages.

The Date of Issue is the date on which the first premium is due and the date from which policy years, anniversaries and premium due dates are determined.

This is a **WHOLE LIFE INSURANCE POLICY** payable upon the Insured's death prior to the Maturity Date. Premiums are payable for the period shown on Page 3. Dividends are credited annually.

Please examine this policy carefully. If you are not satisfied with it for any reason, **YOU HAVE A RIGHT TO CANCEL THIS POLICY WITHIN TWENTY DAYS** after you receive it. To cancel, deliver or mail this policy to an MTL agent or to the Home Office at any time within twenty days after delivery. Upon its return, the premium will be refunded in full and without question.

Notice of Right to Vote. While this policy is in force, the Owner is a member of the Company and has the right to vote in person or by proxy at all meetings of the Company.

Signed for the Company at Oak Brook, Illinois

[ ]

Secretary

President

Registrar

A GUIDE TO THE POLICY

	<u>Page</u>		<u>Page</u>
POLICY SPECIFICATIONS	3	SETTLEMENT OPTIONS	8
ADDITIONAL BENEFITS, if any	4	Options Available	8
PREMIUM PROVISIONS	5	Guaranteed and Additional Interest	8
Payment	5	Optional Life Income	8
Mode of Payment	5	Election of Options	8
Default	5	Effective Date of Option	8
Grace Period	5	Minimum Amounts	8
Automatic Premium Payment	5	Evidence of Age	8
Reinstatement	5	Spendthrift Clause	8
DIVIDEND PROVISIONS	5	SETTLEMENT OPTION TABLES	9
Options Available	5	NON-FORFEITURE PROVISIONS	10
Automatic Dividend Option	6	Extended Term Insurance	10
GENERAL PROVISIONS	6	Paid-Up Insurance	10
Entire Contract	6	Cash Surrender	10
Endorsement and Modification	6	DEPOSIT PRIVILEGE	10
Rights of Owner	6	BASIS OF VALUES	10
Change of Owner or Beneficiary	6	TABLE OF VALUES	11
Death of Beneficiary	6	ENDORSEMENTS/AMENDMENTS	
Assignment	6	COPY OF APPLICATION	
Misstated Age or Sex	6		
Incontestability	6		
Suicide	6		
Death Benefit Payment	7		
LOAN PROVISIONS	7		
Loan Availability	7		
Loan Interest	7		
Loan Repayment	7		

POLICY SPECIFICATIONS

INSURED INFORMATION

Policy Number:	[999999914A]	Date of Issue:	[February 01, 2008]
Insured:	[John Trust]	Face Amount:	[\$100,000.00]
Issue Age / Sex:	[35 / Male]	Premium Class:	[Standard]
		Annual Policy Fee:	[\$50.00]

Beneficiary is as stated in the application, unless subsequently changed.

Owner is as stated in the application, unless subsequently changed.

Dividends are not guaranteed.

SCHEDULE OF BENEFITS AND PREMIUMS

Basic Plan	Plan Description / Class	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
1BJ	Life Paid Up At 90 [Non-Tobacco]	[\$100,000.00]	[February 01, 2097]	[\$1,300.00]	[55]

Total Annual Premium: [\$1,300.00]

[Indiana] Department of Insurance telephone number: [999-999-9999]

Loan Interest Rate is Variable.

PREMIUM PROVISIONS

PAYMENT

Premiums are payable for the period stated on page 3 or until the earlier death of the Insured. Each premium is payable on or before its due date, either at the Home Office or to an authorized agent of the Company. A receipt signed by the President or a Secretary of the Company will be furnished on request.

MODE OF PAYMENT

Premiums on the policy are payable annually. With the approval of the Company, premiums may be paid more frequently at applicable rates, as elected in the application or requested later.

DEFAULT

Any premium after the first which is not paid on or before its due date is in default. This policy will then terminate except as provided under the Grace Period, Automatic Premium Payment and Non-Forfeiture Provisions.

GRACE PERIOD

A grace period of thirty-one days will be allowed for the payment of each premium after the first. During this period the policy will continue in force.

AUTOMATIC PREMIUM PAYMENT

This provision may be elected in the application or by written request before default in payment of a premium and will remain in effect until that election is cancelled.

If a premium remains unpaid at the end of the grace period, a quarterly premium will be paid automatically by the Company by first using any dividend accumulations and then making a policy loan, subject to the Loan Provisions. However, if the mode of payment is annual or semi-annual and a sufficient amount is available, the appropriate premium will be paid. If the amount available is not sufficient to pay a quarterly premium, the premium will remain in default.

REINSTATEMENT

This policy may be reinstated within five years after the due date of the first premium in default. However, the policy cannot be reinstated if it has been surrendered or if the Insured is not living. Payment of all past due premiums and payment or reinstatement of any policy loan will be required. Interest will be charged on this amount at an annual rate not exceeding 6%. There will be no further requirements if the policy is reinstated within sixty days after the due date of the first premium in default. Otherwise, evidence of insurability will be required. This evidence will be waived if the policy is being continued as extended term insurance with a remaining term of at least five years and is reinstated without the additional benefits, if any, shown on Page 3. The Company will rely on the statements made in the reinstatement application. The Company will also continue to rely on the statements made in the original application if this policy is being reinstated at a time when the original contestable period has not yet expired. Upon reinstatement of this policy, it shall become incontestable after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

DIVIDEND PROVISIONS

This policy while in force except as extended term insurance will share in the divisible surplus of the Company. The share applicable to this policy will be determined annually by the Company and credited as a dividend at the end of each policy year. Dividends are not guaranteed.

OPTIONS AVAILABLE

Each dividend will be applied under one or a combination of the following options, or in any other manner agreed upon with the Company, as elected in the application for this policy or by later written request.

1. **Cash** Dividends paid in cash.
2. **Premium Payment** Dividends used to reduce premium payments.
3. **Dividend Accumulation** Dividends will be left with the Company to accumulate at interest at a rate of not less than 2% a year. Dividend accumulations may be withdrawn upon written request. Dividend accumulations shall be paid to the Owner upon termination of the policy.

4. **Paid-Up Addition** Dividends will be used to purchase level paid-up additional insurance. These additions will also share in the divisible surplus of the Company. They will always have a cash value at least equal to the dividends used to purchase them and may be surrendered upon written request. The cash value of any paid up dividend additions shall be paid to the Owner upon termination of the policy.
5. **One-Year Term** Dividends will be used to purchase one-year term insurance.

AUTOMATIC DIVIDEND OPTION

If no option is elected, dividends will be used to purchase paid-up additions.

GENERAL PROVISIONS

ENTIRE CONTRACT

This policy and the written application, a copy of which is attached and made a part of this policy when issued, constitute the entire contract. All statements made in the application are representations and not warranties. No statement will be used to defend a claim under this policy unless contained in the application.

ENDORSEMENT AND MODIFICATION

The provisions of this policy may not be changed or waived, except in writing signed by the President, a Vice President, a Secretary, or an Assistant Secretary of the Company.

RIGHTS OF OWNER

During the lifetime of the Insured, the Owner will have all rights in this policy. In the case where a Joint Owner is named on the policy, all rights in this policy will be equally shared between the Joint Owners. In the case where a Contingent Owner is named on this policy, all rights to this policy will remain with the Owner during the Owner's lifetime. If the Owner should die while this policy is in force, the Contingent Owner will have all ownership rights in this policy. The rights of a deceased Owner will pass to the estate of that Owner if there is no Contingent Owner and unless otherwise provided.

CHANGE OF OWNER OR BENEFICIARY

At any time while the Insured is living, the Owner or beneficiary may be changed by written request to the Company. No change of Owner or beneficiary will be effective until it has been recorded at the Home Office of the Company. When recorded, subject to any earlier action taken or payment made by the Company, the change will take effect as of the date it was signed.

DEATH OF BENEFICIARY

Unless otherwise provided, (a) if a beneficiary dies before the Insured, the interest of that beneficiary will pass to the Owner, or (b) if a beneficiary dies at the same time or within ten days after the Insured and before payment of the death benefit, payment will be made as if the beneficiary had died before the Insured.

ASSIGNMENT

The Company will adhere to the provisions of a properly executed assignment, except in situations where restrictions are required for tax qualification purposes or for purposes of satisfying applicable laws or regulations. Assignments must be sent to the Company's Home Office. If approved, the Company will send confirmation that it has received and processed the assignment to the assignee. The Company will not be bound by any assignment of this policy until the assignment is filed and processed at the Home Office of the Company. All assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by the Company prior to receipt of this notice. The Company assumes no responsibility for the validity or effect of any assignment.

MISSTATED AGE OR SEX

If the age or sex of the Insured has been misstated, any amount payable under this policy will be that which the premium paid would have purchased at the correct age or sex.

INCONTESTABILITY

This policy will be incontestable after it has been in force during the lifetime of the Insured for two years from its date of issue.

SUICIDE

If the Insured dies by suicide within one year from the date of issue of this policy, our liability will be limited to the amount of premiums paid.

DEATH BENEFIT PAYMENT

Any dividend credits and any premium paid for a period beyond the policy month in which the Insured died will be included in the death benefit. If the Insured dies during the grace period, any premium due will be deducted from the death benefit. Interest on the death benefit will accrue at the rate applicable to the policy for funds left on deposit. The Company shall determine this rate by using the rate in effect on the date due proof is received by the Company. Interest will be payable from date of death. Additional interest will accrue at a rate of 10% annually beginning 31 calendar days from the date that due proof is received by the Company. If the death benefit is not paid within 30 days from the receipt of the proof of death interest will be paid at a rate of 8% a year.

LOAN PROVISIONS

LOAN AVAILABILITY

The Company will loan on the sole security of this policy an amount not in excess of its cash value and that of any paid-up additions. Loans may be made at any time after the first anniversary of the policy while it is in force except as extended term insurance. There will be deducted from the loan (a) interest in advance to the date the next regularly billed premium is due, or to the end of the current policy year if no regularly billed premium is due, (b) any existing loan on this policy, and c) any regularly billed premium due within fifteen days or in default not more than sixty days if the Insured is living. The Company may delay payment for not more than six months unless the loan is to pay premiums to the Company.

LOAN INTEREST

Interest on a policy loan is payable in advance. The rate charged will not change during the policy year.

The Maximum Rate is the greater of the Published Monthly Average for the calendar month ending two months before the date on which the Company sets the rate, or the rate used to compute the cash value during the applicable period plus 1% a year. The Published Monthly Average means Moody's Corporate Bond Yield Average-Monthly Average Corporates as published by Moody's Investors Services, Inc., or its successor. If Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, the Published Monthly Average will mean the rate set by the insurance regulatory agency where this Contract is issued. Subject to the provisions of the next paragraph regarding changes in interest rate, the Company's loan interest rate will not exceed the Maximum Rate.

Once each Contract Year, the Company will determine a new Maximum Rate. The Company's loan interest rate may be increased, by no less than 1/2%, to a rate equal to or less than the new Maximum Rate, if the new Maximum Rate is at least 1/2% higher than the Company's loan interest rate for the preceding year. If the new Maximum Rate is 1/2% or more lower than the Company's loan interest rate for the preceding year, the Company's loan interest rate will be reduced to a rate equal to or less than the new Maximum Rate. The Company will give notice of the initial loan interest rate in effect when the Owner makes a loan. If there is an outstanding loan, the Company will send reasonable advance notice of any increase in rate. All notices will be mailed to the Owner's, and any assignee's, last known address.

Interest not paid when due will be added to the loan and bear interest on the same terms. If at any time the total loan, including interest due and accrued, equals or exceeds the cash value of this policy and of any paid-up additions, this policy will terminate thirty-one days after notice has been mailed to the last known address of the Owner and of any assignee of record. Upon termination any dividend accumulations shall be paid to the Owner.

LOAN REPAYMENT

Repayment of a loan may be made in full or in part at any time while this policy is in force except as extended term insurance. Any existing loan will be deducted from the proceeds of this policy upon its termination.

SETTLEMENT OPTIONS

OPTIONS AVAILABLE

All or part of the proceeds of this policy may be paid under one or a combination of the following options, or in any other manner agreed upon with the Company. Option payments are illustrated on the following page.

1. **Interest** Left with the Company, with interest either paid annually, semi-annually, quarterly, or monthly, or accumulated. Full or partial withdrawal may be made at any time unless otherwise elected.
2. **Specified Period** Monthly payments for a specified number of years.
3. **Life Income** Monthly payments as long as the payee lives. Payments are guaranteed for ten or twenty years, or as an installment refund where the sum of all payments equals the amount applied, even if the payee dies during the guaranteed period.
4. **Specified Amount** Monthly payments of a specified amount until the proceeds with interest are exhausted.
5. **Joint and Survivor Life Income** Monthly payments as long as either of two payees is living. The payments will not be reduced following the death of the first payee. If elected, payments will be guaranteed for ten years, even if both payees die during the guaranteed period.

GUARANTEED AND ADDITIONAL INTEREST

Interest for all options is guaranteed at an effective rate of 3% a year. The tables on the following page are based on this rate. Interest in addition to that guaranteed may be credited by the Company.

OPTIONAL LIFE INCOME

If the Company's current annuity rates at the time proceeds are placed under a life income option would result in higher monthly payments than those shown in the table for that option, a payee may elect the higher payments. The guaranteed period, if any, will remain the same.

ELECTION OF OPTIONS

While the Insured is living, an option may be elected or changed by written request to the Company. After the death of the Insured, a beneficiary may elect payment under an option rather than in a single sum.

EFFECTIVE DATE OF OPTION

The effective date of any option elected will be the date this policy terminates, whether by death or otherwise. The first payment under the interest option will be made at the end of the interest period selected. The first payment under the other options will be payable as of the effective date of the option.

MINIMUM AMOUNTS

If the amount of proceeds held for a payee under any option is less than \$2,000, or if the periodic payments to a payee are less than \$20, the Company may pay the proceeds to that payee in a single sum. Total payments each year under the specified amount option must be at least 6% of the proceeds applied under that option.

EVIDENCE OF AGE

Payments under life income options are based on the age and sex of the payee or payees. The Company may require satisfactory proof of age.

SPENDTHRIFT CLAUSE

Proceeds placed under an option may not be assigned or encumbered and may not be withdrawn or commuted. To the extent permitted by law, the proceeds will not be subject to the claims of creditors or to legal process.

SETTLEMENT OPTION TABLES

Interest Option *If periodic payment of interest is elected*

For each \$1,000 of proceeds, payments will be \$2.15 monthly, \$6.48 quarterly, \$13.02 semi-annually, or \$26.25 annually.

Specified Period Option *Monthly payments for each \$1,000 of proceeds**

Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount
1	\$73.90	6	\$13.24	11	\$7.75	16	\$5.71	21	\$4.65	26	\$4.01
2	37.50	7	11.51	12	7.20	17	5.45	22	4.50	27	3.91
3	25.36	8	10.22	13	6.74	18	5.21	23	4.36	28	3.82
4	19.30	9	9.21	14	6.35	19	5.00	24	4.23	29	3.73
5	15.66	10	8.41	15	6.01	20	4.82	25	4.12	30	3.66

Life Income Option *Monthly payments for each \$1,000 of proceeds**

Age	Installment Refund		Guaranteed Period				Age	Installment Refund		Guaranteed Period				Age	Installment Refund		Guaranteed Period			
			10 Years		20 Years					10 Years		20 Years					10 Years		20 Years	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
25	\$2.58	\$2.55	\$2.59	\$2.56	\$2.59	\$2.56	46	\$3.03	\$2.98	\$3.10	\$3.03	\$3.07	\$3.01	67	\$4.02	\$3.99	\$4.41	\$4.29	\$4.05	\$4.03
26	2.59	2.56	2.61	2.57	2.60	2.57	47	3.06	3.01	3.13	3.06	3.10	3.04	68	4.09	4.07	4.51	4.40	4.11	4.09
27	2.61	2.58	2.62	2.59	2.62	2.58	48	3.09	3.04	3.17	3.10	3.14	3.07	69	4.16	4.14	4.61	4.51	4.16	4.15
28	2.62	2.59	2.64	2.60	2.64	2.60	49	3.12	3.07	3.21	3.14	3.17	3.11	70	4.24	4.22	4.72	4.62	4.22	4.21
29	2.64	2.61	2.66	2.62	2.65	2.62	50	3.16	3.11	3.26	3.18	3.21	3.15	71	4.32	4.31	4.84	4.74	4.27	4.27
30	2.66	2.62	2.67	2.64	2.67	2.63	51	3.20	3.14	3.30	3.22	3.25	3.19	72	4.40	4.39	4.96	4.87	4.32	4.33
31	2.67	2.64	2.69	2.65	2.69	2.65	52	3.23	3.18	3.35	3.26	3.29	3.23	73	4.48	4.49	5.08	5.00	4.37	4.38
32	2.69	2.66	2.71	2.67	2.71	2.67	53	3.27	3.22	3.40	3.31	3.33	3.27	74	4.57	4.59	5.20	5.14	4.42	4.43
33	2.71	2.67	2.73	2.69	2.73	2.69	54	3.31	3.26	3.45	3.36	3.38	3.31	75	4.66	4.68	5.33	5.29	4.46	4.48
34	2.73	2.69	2.75	2.71	2.75	2.70	55	3.36	3.30	3.50	3.41	3.42	3.36	76	4.75	4.79	5.47	5.44	4.50	4.53
35	2.75	2.71	2.78	2.73	2.77	2.72	56	3.40	3.35	3.56	3.46	3.47	3.40	77	4.85	4.90	5.60	5.59	4.54	4.57
36	2.77	2.73	2.80	2.75	2.79	2.75	57	3.45	3.40	3.62	3.52	3.52	3.45	78	4.95	5.00	5.74	5.75	4.58	4.60
37	2.79	2.75	2.82	2.77	2.81	2.77	58	3.49	3.45	3.68	3.58	3.57	3.50	79	5.05	5.12	5.88	5.91	4.61	4.64
38	2.81	2.77	2.85	2.80	2.84	2.79	59	3.54	3.50	3.75	3.64	3.62	3.56	80	5.16	5.24	6.03	6.08	4.64	4.67
39	2.84	2.79	2.88	2.82	2.86	2.81	60	3.60	3.55	3.81	3.71	3.67	3.61	81	5.27	5.36	6.17	6.24		
40	2.86	2.82	2.90	2.85	2.89	2.84	61	3.65	3.60	3.89	3.78	3.72	3.67	82	5.38	5.49	6.31	6.41		
41	2.89	2.84	2.93	2.87	2.92	2.86	62	3.70	3.66	3.96	3.86	3.78	3.72	83	5.50	5.62	6.46	6.57		
42	2.91	2.87	2.96	2.90	2.94	2.89	63	3.76	3.72	4.04	3.93	3.83	3.78	84	5.62	5.75	6.60	6.73		
43	2.94	2.89	2.99	2.93	2.97	2.92	64	3.82	3.79	4.13	4.02	3.89	3.84	85	5.74	5.88	6.74	6.88		
44	2.97	2.92	3.03	2.96	3.00	2.95	65	3.89	3.85	4.22	4.10	3.94	3.90	86			6.88	7.03		
45	3.00	2.95	3.06	2.99	3.03	2.98	66	3.95	3.92	4.31	4.20	4.00	3.96	87			7.01	7.17		

Payments are based upon the age nearest birthday of the payee on the date the first payment is due.

Specified Amount Option *Number of months payable**

Amount of Proceeds	Monthly Income Desired						Amount of Proceeds	Monthly Income Desired					
	\$50	\$100	\$200	\$300	\$400	\$500		\$500	\$600	\$700	\$800	\$900	\$1,000
\$5,000	99	47	23	15	12	9	\$50,000	99	81	68	59	52	47
10,000	229	99	47	31	23	18	75,000	159	128	107	92	81	72
15,000		159	72	47	35	28	100,000	229	181	150	128	111	99
20,000		229	99	63	47	37	150,000		314	252	210	181	159
25,000		314	128	81	59	47	200,000				314	265	229

Joint and Survivor Life Income Option *Monthly payments for each \$1,000 of proceeds**

Female Age	No Guaranteed Period					Female Age	Installment Refund				
	Male Age 50	Male Age 55	Male Age 60	Male Age 65	Male Age 70		Male Age 50	Male Age 55	Male Age 60	Male Age 65	Male Age 70
50	\$2.93	\$2.99	\$3.05	\$3.09	\$3.12	50	\$2.92	\$2.98	\$3.03	\$3.07	\$3.09
55	3.00	3.10	3.18	3.26	3.31	55	2.99	3.08	3.16	3.22	3.26
60	3.07	3.20	3.32	3.43	3.53	60	3.06	3.17	3.29	3.39	3.46
65	3.13	3.29	3.46	3.62	3.77	65	3.10	3.25	3.40	3.54	3.67
70	3.18	3.36	3.57	3.79	4.02	70	3.13	3.30	3.49	3.68	3.86

Payments are based upon the age nearest birthday of the payee on the date the first payment is due.

These options are available for other ages and sex combinations. Amounts will be furnished on request.

* Annual, semi-annual, or quarterly payments are also available. Amounts will be furnished on request. Duration of payments for specified amount option will be furnished on request.

NON-FORFEITURE PROVISIONS

Upon default in premium payment one of the following provisions will apply:

EXTENDED TERM INSURANCE

This policy will be continued as non-participating extended term insurance at the end of the grace period if it is in a Preferred or Standard Class and no other non-forfeiture provision has been elected. The amount of this term insurance will be the face amount of this policy increased by any paid-up additions and dividend accumulations, less any policy loan. This term insurance will begin on the due date of the premium in default and will extend for as long a term as the cash surrender value will purchase as a net single premium. However, if the cash surrender value would provide as much or more paid-up insurance than term insurance, the paid-up insurance will be purchased instead.

PAID-UP INSURANCE

This policy will be continued as participating paid-up insurance at the end of the grace period if it is in a Special Premium Class. The amount of this paid-up insurance will be that which can be purchased by the cash surrender value as a net single premium on the date of default. If this policy is in a Preferred or Standard Class, this provision may be elected by written request at any time if no premium is in default more than sixty days.

CASH SURRENDER

This policy may upon written request be surrendered for its cash surrender value, which is the cash value of this policy increased by the cash value of any paid-up additions, any dividend accumulations, and any outstanding dividend and reduced by any policy loan. Within sixty days after default in payment of a premium, the cash surrender value will be calculated as of that premium due date. The cash surrender value of extended term insurance or paid-up insurance at any time will be the then current net single premium for that insurance, less any policy loan. However, the surrender value as of any policy anniversary will apply for thirty-one days after that date.

Whenever one-year term insurance is purchased by dividends in connection with a policy, the policy shall provide for the return of the unearned charge in the event of termination of the policy other than by death prior to the expiration of such one year term insurance.

The Company may delay payment for not more than six months after a request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate not less than 3% a year will be paid from the date of request to the date of payment.

DEPOSIT PRIVILEGE

If this policy is surrendered and the proceeds placed under a settlement option other than the interest option, a single deposit may be made at the time of surrender to increase the proceeds. This deposit privilege is available between the policy anniversary nearest the Insured's sixtieth birthday and that nearest the Insured's seventieth birthday, but only if the policy has been in force for five years and no premium is in default. The maximum acceptable deposit is that which, when added to the cash value and applied under the life income option with a guaranteed period of ten years, would result in a monthly income of \$10 for each \$1,000 of face amount of this policy. A charge not exceeding 3% of the deposit amount, plus any applicable premium taxes, may be made by the Company. Maximum deposit amounts for various ages will be furnished on request.

BASIS OF VALUES

The cash values, reserves, and net single premiums referred to in this policy are based on the Commissioners 2001 Standard Ordinary Mortality Table, Aggregate, Male/Female, Ultimate scale, with ages based on age nearest birthday. Continuous functions and an interest rate of 4% a year are used to calculate the cash values and reserves. The cash value of this policy is equal to the value shown on the Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this policy equal or exceed those required by the laws of the state in which it is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

TABLE OF VALUES

[999999914A]

For explanation, see Non-Forfeiture, Loan, and Basis of Values Provisions. These values assume no policy loans and no credits resulting from dividends. Values for other dates will be furnished upon request.

End Of Policy Year	Attained Age	Cash Value	Paid - Up Insurance	[Extended Term] [Insurance]	
				[Years]	[Days]
1	[36]	[0.00]	[0.00]	[0]	[0]
2	[37]	[393.00]	[1,800.00]	[2]	[346]
3	[38]	[1,615.00]	[7,000.00]	[9]	[325]
4	[39]	[2,878.00]	[11,900.00]	[15]	[20]
5	[40]	[4,184.00]	[16,700.00]	[18]	[230]
6	[41]	[5,309.00]	[20,500.00]	[20]	[267]
7	[42]	[6,467.00]	[24,100.00]	[22]	[106]
8	[43]	[7,658.00]	[27,600.00]	[23]	[172]
9	[44]	[8,882.00]	[31,000.00]	[24]	[155]
10	[45]	[10,134.00]	[34,200.00]	[25]	[79]
11	[46]	[11,417.00]	[37,200.00]	[25]	[316]
12	[47]	[12,731.00]	[40,200.00]	[26]	[129]
13	[48]	[14,078.00]	[43,000.00]	[26]	[261]
14	[49]	[15,470.00]	[45,800.00]	[26]	[356]
15	[50]	[16,905.00]	[48,400.00]	[27]	[54]
16	[51]	[18,383.00]	[50,900.00]	[27]	[87]
17	[52]	[19,901.00]	[53,400.00]	[27]	[93]
18	[53]	[21,453.00]	[55,800.00]	[27]	[74]
19	[54]	[23,038.00]	[58,000.00]	[27]	[34]
20	[55]	[24,649.00]	[60,200.00]	[26]	[340]
At Attained Age	[55]	[24,649.00]	[60,200.00]	[26]	[340]
At Attained Age	[60]	[33,079.00]	[69,600.00]	[25]	[224]
At Attained Age	[65]	[42,052.00]	[77,200.00]	[23]	[257]

Life Paid Up At 90
[100,000.00]

Issue Age: [35]



MTL INSURANCE COMPANY

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Founded in 1904

WHOLE LIFE INSURANCE POLICY

This is a **WHOLE LIFE INSURANCE POLICY** payable upon the Insured's death prior to the Maturity Date. Premiums are payable for the period shown on Page 3. Dividends are credited annually.



MTL INSURANCE COMPANY

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Toll Free: 1-800-323-7320

Founded in 1904

Policy Number: [999999914A]
Insured: [John Trust]

Date of Issue: [February 1, 2008]
Face Amount: [\$100,000.00]

WHOLE LIFE INSURANCE POLICY

We, **MTL INSURANCE COMPANY**, will pay the Face Amount to the beneficiary upon receipt of proof of the death of the Insured, subject to the provisions on this and the following pages.

The Date of Issue is the date on which the first premium is due and the date from which policy years, anniversaries and premium due dates are determined.

This is a **WHOLE LIFE INSURANCE POLICY** payable upon the Insured's death prior to the Maturity Date. Premiums are payable for the period shown on Page 3. Dividends are credited annually.

Please examine this policy carefully. If you are not satisfied with it for any reason, **YOU HAVE A RIGHT TO CANCEL THIS POLICY WITHIN TWENTY DAYS** after you receive it. To cancel, deliver or mail this policy to an MTL agent or to the Home Office at any time within twenty days after delivery. Upon its return the premium will be refunded in full and without question.

Notice of Right to Vote. While this policy is in force, the Owner is a member of the Company and has the right to vote in person or by proxy at all meetings of the Company.

Signed for the Company at Oak Brook, Illinois.

[ ]

Secretary

President

Registrar

A GUIDE TO THE POLICY

	<u>Page</u>		<u>Page</u>
POLICY SPECIFICATIONS	3	SETTLEMENT OPTIONS	8
ADDITIONAL BENEFITS, if any	4	Options Available	8
PREMIUM PROVISIONS	5	Guaranteed and Additional Interest	8
Payment	5	Optional Life Income	8
Mode of Payment	5	Election of Options	8
Default	5	Effective Date of Option	8
Grace Period	5	Minimum Amounts	8
Automatic Premium Payment	5	Evidence of Age	8
Reinstatement	5	Spendthrift Clause	8
DIVIDEND PROVISIONS	5	SETTLEMENT OPTION TABLES	9
Options Available	5	NON-FORFEITURE PROVISIONS	10
Automatic Dividend Option	6	Extended Term Insurance	10
GENERAL PROVISIONS	6	Paid-Up Insurance	10
Entire Contract	6	Cash Surrender	10
Endorsement and Modification	6	DEPOSIT PRIVILEGE	10
Rights of Owner	6	BASIS OF VALUES	10
Change of Owner or Beneficiary	6	TABLE OF VALUES	11
Death of Beneficiary	6	ENDORSEMENTS/AMENDMENTS	
Assignment	6	COPY OF APPLICATION	
Misstated Age	6		
Incontestability	6		
Suicide	6		
Death Benefit Payment	7		
LOAN PROVISIONS	7		
Loan Availability	7		
Loan Interest	7		
Loan Repayment	7		

POLICY SPECIFICATIONS

INSURED INFORMATION

Policy Number:	[999999914A]	Date of Issue:	[February 01, 2008]
Insured:	[John Trust]	Face Amount:	[\$100,000.00]
Issue Age:	[35]	Premium Class:	[Standard]
		Annual Policy Fee:	[\$50.00]

Beneficiary is as stated in the application, unless subsequently changed.

Owner is as stated in the application, unless subsequently changed.

Dividends are not guaranteed.

SCHEDULE OF BENEFITS AND PREMIUMS

Basic Plan	Plan Description / Class	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
1BK	Life Paid Up At 90 [Non-Tobacco]	[\$100,000.00]	[February 01, 2097]	[\$1,268.00]	[55]

Total Annual Premium: [\$1,300.00]

[Indiana] Department of Insurance telephone number: [999-999-9999]

Loan Interest Rate is Variable.

PREMIUM PROVISIONS

PAYMENT

Premiums are payable for the period stated on page 3 or until the earlier death of the Insured. Each premium is payable on or before its due date, either at the Home Office or to an authorized agent of the Company. A receipt signed by the President or a Secretary of the Company will be furnished on request.

MODE OF PAYMENT

Premiums on the policy are payable annually. With the approval of the Company, premiums may be paid more frequently at applicable rates, as elected in the application or requested later.

DEFAULT

Any premium after the first which is not paid on or before its due date is in default. This policy will then terminate except as provided under the Grace Period, Automatic Premium Payment and Non-Forfeiture Provisions.

GRACE PERIOD

A grace period of thirty-one days will be allowed for the payment of each premium after the first. During this period the policy will continue in force.

AUTOMATIC PREMIUM PAYMENT

This provision may be elected in the application or by written request before default in payment of a premium and will remain in effect until that election is cancelled.

If a premium remains unpaid at the end of the grace period, a quarterly premium will be paid automatically by the Company by first using any dividend accumulations and then making a policy loan, subject to the Loan Provisions. However, if the mode of payment is annual or semi-annual and a sufficient amount is available, the appropriate premium will be paid. If the amount available is not sufficient to pay a quarterly premium, the premium will remain in default.

REINSTATEMENT

This policy may be reinstated within five years after the due date of the first premium in default. However, the policy cannot be reinstated if it has been surrendered or if the Insured is not living. Payment of all past due premiums and payment or reinstatement of any policy loan will be required. Interest will be charged on this amount at an annual rate not exceeding 6%. There will be no further requirements if the policy is reinstated within sixty days after the due date of the first premium in default. Otherwise, evidence of insurability will be required. This evidence will be waived if the policy is being continued as extended term insurance with a remaining term of at least five years and is reinstated without the additional benefits, if any, shown on Page 3. The Company will rely on the statements made in the reinstatement application. The Company will also continue to rely on the statements made in the original application if this policy is being reinstated at a time when the original contestable period has not yet expired. Upon reinstatement of this policy, it shall become incontestable after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

DIVIDEND PROVISIONS

This policy while in force except as extended term insurance will share in the divisible surplus of the Company. The share applicable to this policy will be determined annually by the Company and credited as a dividend at the end of each policy year. Dividends are not guaranteed.

OPTIONS AVAILABLE

Each dividend will be applied under one or a combination of the following options, or in any other manner agreed upon with the Company, as elected in the application for this policy or by later written request.

1. **Cash** Dividends paid in cash.
2. **Premium Payment** Dividends used to reduce premium payments.
3. **Dividend Accumulation** Dividends will be left with the Company to accumulate at interest at a rate of not less than 2% a year. Dividend accumulations may be withdrawn upon written request. Dividend accumulations shall be paid to the Owner upon termination of the policy.

4. **Paid-Up Addition** Dividends will be used to purchase level paid-up additional insurance. These additions will also share in the divisible surplus of the Company. They will always have a cash value at least equal to the dividends used to purchase them and may be surrendered upon written request. The cash value of any paid up dividend additions shall be paid to the Owner upon termination of the policy.
5. **One-Year Term** Dividends will be used to purchase one-year term insurance.

AUTOMATIC DIVIDEND OPTION

If no option is elected, dividends will be used to purchase paid-up additions.

GENERAL PROVISIONS

ENTIRE CONTRACT

This policy and the written application, a copy of which is attached and made a part of this policy when issued, constitute the entire contract. All statements made in the application are representations and not warranties. No statement will be used to defend a claim under this policy unless contained in the application.

ENDORSEMENT AND MODIFICATION

The provisions of this policy may not be changed or waived, except in writing signed by the President, a Vice President, a Secretary, or an Assistant Secretary of the Company.

RIGHTS OF OWNER

During the lifetime of the Insured, the Owner will have all rights in this policy. In the case where a Joint Owner is named on the policy, all rights in this policy will be equally shared between the Joint Owners. In the case where a Contingent Owner is named on this policy, all rights to this policy will remain with the Owner during the Owner's lifetime. If the Owner should die while this policy is in force, the Contingent Owner will have all ownership rights in this policy. The rights of a deceased Owner will pass to the estate of that Owner if there is no Contingent Owner and unless otherwise provided.

CHANGE OF OWNER OR BENEFICIARY

At any time while the Insured is living, the Owner or beneficiary may be changed by written request to the Company. No change of Owner or beneficiary will be effective until it has been recorded at the Home Office of the Company. When recorded, subject to any earlier action taken or payment made by the Company, the change will take effect as of the date it was signed.

DEATH OF BENEFICIARY

Unless otherwise provided, (a) if a beneficiary dies before the Insured, the interest of that beneficiary will pass to the Owner, or (b) if a beneficiary dies at the same time or within ten days after the Insured and before payment of the death benefit, payment will be made as if the beneficiary had died before the Insured.

ASSIGNMENT

The Company will adhere to the provisions of a properly executed assignment, except in situations where restrictions are required for tax qualification purposes or for purposes of satisfying applicable laws or regulations. Assignments must be sent to the Company's Home Office. If approved, the Company will send confirmation that it has received and processed the assignment to the assignee. The Company will not be bound by any assignment of this policy until the assignment is filed and processed at the Home Office of the Company. All assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by the Company prior to receipt of this notice. The Company assumes no responsibility for the validity or effect of any assignment.

MISSTATED AGE

If the age of the Insured has been misstated, any amount payable under this policy will be that which the premium paid would have purchased at the correct age.

INCONTESTABILITY

This policy will be incontestable after it has been in force during the lifetime of the Insured for two years from its date of issue.

SUICIDE

If the Insured dies by suicide within one year from the date of issue of this policy, our liability will be limited to the amount of premiums paid.

DEATH BENEFIT PAYMENT

Any dividend credits and any premium paid for a period beyond the policy month in which the Insured died will be included in the death benefit. If the Insured dies during the grace period, any premium due will be deducted from the death benefit. Interest on the death benefit will accrue at the rate applicable to the policy for funds left on deposit. The Company shall determine this rate by using the rate in effect on the date due proof is received by the Company. Interest will be payable from date of death. Additional interest will accrue at a rate of 10% annually beginning 31 calendar days from the date that due proof is received by the Company. If the death benefit is not paid within 30 days from the receipt of the proof of death interest will be paid at a rate of 8% a year.

LOAN PROVISIONS

LOAN AVAILABILITY

The Company will loan on the sole security of this policy an amount not in excess of its cash value and that of any paid-up additions. Loans may be made at any time after the first anniversary of the policy while it is in force except as extended term insurance. There will be deducted from the loan (a) interest in advance to the date the next regularly billed premium is due, or to the end of the current policy year if no regularly billed premium is due, (b) any existing loan on this policy, and c) any regularly billed premium due within fifteen days or in default not more than sixty days if the Insured is living. The Company may delay payment for not more than six months unless the loan is to pay premiums to the Company.

LOAN INTEREST

Interest on a policy loan is payable in advance. The rate charged will not change during the policy year.

The Maximum Rate is the greater of the Published Monthly Average for the calendar month ending two months before the date on which the Company sets the rate, or the rate used to compute the cash value during the applicable period plus 1% a year. The Published Monthly Average means Moody's Corporate Bond Yield Average-Monthly Average Corporates as published by Moody's Investors Services, Inc., or its successor. If Moody's Corporate Bond Yield Average-Monthly Average Corporates is no longer published, the Published Monthly Average will mean the rate set by the insurance regulatory agency where this Contract is issued. Subject to the provisions of the next paragraph regarding changes in interest rate, the Company's loan interest rate will not exceed the Maximum Rate.

Once each Contract Year, the Company will determine a new Maximum Rate. The Company's loan interest rate may be increased, by no less than 1/2%, to a rate equal to or less than the new Maximum Rate, if the new Maximum Rate is at least 1/2% higher than the Company's loan interest rate for the preceding year. If the new Maximum Rate is 1/2% or more lower than the Company's loan interest rate for the preceding year, the Company's loan interest rate will be reduced to a rate equal to or less than the new Maximum Rate. The Company will give notice of the initial loan interest rate in effect when the Owner makes a loan. If there is an outstanding loan, the Company will send reasonable advance notice of any increase in rate. All notices will be mailed to the Owner's, and any assignee's, last known address.

Interest not paid when due will be added to the loan and bear interest on the same terms. If at any time the total loan, including interest due and accrued, equals or exceeds the cash value of this policy and of any paid-up additions, this policy will terminate thirty-one days after notice has been mailed to the last known address of the Owner and of any assignee of record. Upon termination any dividend accumulations shall be paid to the Owner.

LOAN REPAYMENT

Repayment of a loan may be made in full or in part at any time while this policy is in force except as extended term insurance. Any existing loan will be deducted from the proceeds of this policy upon its termination.

SETTLEMENT OPTIONS

OPTIONS AVAILABLE

All or part of the proceeds of this policy may be paid under one or a combination of the following options, or in any other manner agreed upon with the Company. Option payments are illustrated on the following page.

1. **Interest** Left with the Company, with interest either paid annually, semi-annually, quarterly, or monthly, or accumulated. Full or partial withdrawal may be made at any time unless otherwise elected.
2. **Specified Period** Monthly payments for a specified number of years.
3. **Life Income** Monthly payments as long as the payee lives. Payments are guaranteed for ten or twenty years, or as an installment refund where the sum of all payments equals the amount applied, even if the payee dies during the guaranteed period.
4. **Specified Amount** Monthly payments of a specified amount until the proceeds with interest are exhausted.
5. **Joint and Survivor Life Income** Monthly payments as long as either of two payees is living. The payments will not be reduced following the death of the first payee. If elected, payments will be guaranteed for ten years, even if both payees die during the guaranteed period.

GUARANTEED AND ADDITIONAL INTEREST

Interest for all options is guaranteed at an effective rate of 3% a year. The tables on the following page are based on this rate. Interest in addition to that guaranteed may be credited by the Company.

OPTIONAL LIFE INCOME

If the Company's current annuity rates at the time proceeds are placed under a life income option would result in higher monthly payments than those shown in the table for that option, a payee may elect the higher payments. The guaranteed period, if any, will remain the same.

ELECTION OF OPTIONS

While the Insured is living, an option may be elected or changed by written request to the Company. After the death of the Insured, a beneficiary may elect payment under an option rather than in a single sum.

EFFECTIVE DATE OF OPTION

The effective date of any option elected will be the date this policy terminates, whether by death or otherwise. The first payment under the interest option will be made at the end of the interest period selected. The first payment under the other options will be payable as of the effective date of the option.

MINIMUM AMOUNTS

If the amount of proceeds held for a payee under any option is less than \$2,000, or if the periodic payments to a payee are less than \$20, the Company may pay the proceeds to that payee in a single sum. Total payments each year under the specified amount option must be at least 6% of the proceeds applied under that option.

EVIDENCE OF AGE

Payments under life income options are based on the age of the payee or payees. The Company may require satisfactory proof of age.

SPENDTHRIFT CLAUSE

Proceeds placed under an option may not be assigned or encumbered and may not be withdrawn or commuted. To the extent permitted by law, the proceeds will not be subject to the claims of creditors or to legal process.

Unisex Settlement Option Tables

Interest Option	<i>If periodic payment of interest is elected</i>
For each \$1,000 of proceeds, payments will be \$2.15 monthly, \$6.48 quarterly, \$13.02 semi-annually, or \$26.25 annually.	

Specified Period Option	<i>Monthly payments for each \$1,000 of proceeds*</i>										
Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount	Number of Years	Amount
1	\$73.90	6	\$13.24	11	\$7.75	16	\$5.71	21	\$4.65	26	\$4.01
2	37.50	7	11.51	12	7.20	17	5.45	22	4.50	27	3.91
3	25.36	8	10.22	13	6.74	18	5.21	23	4.36	28	3.82
4	19.30	9	9.21	14	6.35	19	5.00	24	4.23	29	3.73
5	15.66	10	8.41	15	6.01	20	4.82	25	4.12	30	3.66

Life Income Option	<i>Monthly payments for each \$1,000 of proceeds*</i>										
Age	Installment Refund	Guaranteed Period		Age	Installment Refund	Guaranteed Period		Age	Installment Refund	Guaranteed Period	
		10 Years	20 Years			10 Years	20 Years			10 Years	20 Years
25	\$2.55	\$2.56	\$2.56	46	\$2.98	\$3.03	\$3.01	67	\$3.99	\$4.29	\$4.03
26	2.56	2.57	2.57	47	3.01	3.06	3.04	68	4.07	4.40	4.09
27	2.58	2.59	2.58	48	3.04	3.10	3.07	69	4.14	4.51	4.15
28	2.59	2.60	2.60	49	3.07	3.14	3.11	70	4.22	4.62	4.21
29	2.61	2.62	2.62	50	3.11	3.18	3.15	71	4.31	4.74	4.27
30	2.62	2.64	2.63	51	3.14	3.22	3.19	72	4.39	4.87	4.33
31	2.64	2.65	2.65	52	3.18	3.26	3.23	73	4.49	5.00	4.38
32	2.66	2.67	2.67	53	3.22	3.31	3.27	74	4.59	5.14	4.43
33	2.67	2.69	2.69	54	3.26	3.36	3.31	75	4.68	5.29	4.48
34	2.69	2.71	2.70	55	3.30	3.41	3.36	76	4.79	5.44	4.53
35	2.71	2.73	2.72	56	3.35	3.46	3.40	77	4.90	5.59	4.57
36	2.73	2.75	2.75	57	3.40	3.52	3.45	78	5.00	5.75	4.60
37	2.75	2.77	2.77	58	3.45	3.58	3.50	79	5.12	5.91	4.64
38	2.77	2.80	2.79	59	3.50	3.64	3.56	80	5.24	6.08	4.67
39	2.79	2.82	2.81	60	3.55	3.71	3.61	81	5.36	6.24	4.70
40	2.82	2.85	2.84	61	3.60	3.78	3.67	82	5.49	6.41	4.72
41	2.84	2.87	2.86	62	3.66	3.86	3.72	83	5.62	6.57	4.74
42	2.87	2.90	2.89	63	3.72	3.93	3.78	84	5.75	6.73	4.76
43	2.89	2.93	2.92	64	3.79	4.02	3.84	85	5.88	6.88	4.77
44	2.92	2.96	2.95	65	3.85	4.10	3.90	86	6.02	7.03	4.78
45	2.95	2.99	2.98	66	3.92	4.20	3.96	87	6.17	7.17	4.79

Payments are based upon the age nearest birthday of the payee on the date the first payment is due.

Specified Amount Option	<i>Number of months payable*</i>												
Amount of Proceeds	Monthly Income Desired						Amount of Proceeds	Monthly Income Desired					
	\$50	\$100	\$200	\$300	\$400	\$500		\$500	\$600	\$700	\$800	\$900	\$1,000
\$5,000	99	47	23	15	12	9	\$50,000	99	81	68	59	52	47
10,000	229	99	47	31	23	18	75,000	159	128	107	92	81	72
15,000		159	72	47	35	28	100,000	229	181	150	128	111	99
20,000		229	99	63	47	37	150,000		314	252	210	181	159
25,000		314	128	81	59	47	200,000				314	265	229

Joint and Survivor Life Income Option	<i>Monthly payments for each \$1,000 of proceeds*</i>										
Age	No Guaranteed Period					Age	Installment Refund				
	Age 50	Age 55	Age 60	Age 65	Age 70		Age 50	Age 55	Age 60	Age 65	Age 70
50	\$2.91	\$2.98	\$3.04	\$3.09	\$3.12	50	\$2.91	\$2.98	\$3.03	\$3.07	\$3.09
55	2.98	3.08	3.18	3.25	3.31	55	2.98	3.07	3.16	3.22	3.27
60	3.04	3.18	3.31	3.43	3.53	60	3.03	3.16	3.28	3.38	3.46
65	3.09	3.25	3.43	3.60	3.76	65	3.07	3.22	3.38	3.54	3.67
70	3.12	3.31	3.53	3.76	4.00	70	3.09	3.27	3.46	3.67	3.87

Payments are based upon the age nearest birthday of the payee on the date the first payment is due.

These options are available for other ages. Amounts will be furnished on request.

* Annual, semi-annual, or quarterly payments are also available. Amounts will be furnished on request. Duration of payments for specified amount option will be furnished on request.

NON-FORFEITURE PROVISIONS

Upon default in premium payment one of the following provisions will apply:

EXTENDED TERM INSURANCE

This policy will be continued as non-participating extended term insurance at the end of the grace period if it is in a Preferred or Standard Class and no other non-forfeiture provision has been elected. The amount of this term insurance will be the face amount of this policy increased by any paid-up additions and dividend accumulations, less any policy loan. This term insurance will begin on the due date of the premium in default and will extend for as long a term as the cash surrender value will purchase as a net single premium. However, if the cash surrender value would provide as much or more paid-up insurance than term insurance, the paid-up insurance will be purchased instead.

PAID-UP INSURANCE

This policy will be continued as participating paid-up insurance at the end of the grace period if it is in a Special Premium Class. The amount of this paid-up insurance will be that which can be purchased by the cash surrender value as a net single premium on the date of default. If this policy is in a Preferred or Standard Class, this provision may be elected by written request at any time if no premium is in default more than sixty days.

CASH SURRENDER

This policy may upon written request be surrendered for its cash surrender value, which is the cash value of this policy increased by the cash value of any paid-up additions, any dividend accumulations, and any outstanding dividend and reduced by any policy loan. Within sixty days after default in payment of a premium, the cash surrender value will be calculated as of that premium due date. The cash surrender value of extended term insurance or paid-up insurance at any time will be the then current net single premium for that insurance, less any policy loan. However, the surrender value as of any policy anniversary will apply for thirty-one days after that date.

Whenever one-year term insurance is purchased by dividends in connection with a policy, the policy shall provide for the return of the unearned charge in the event of termination of the policy other than by death prior to the expiration of such one year term insurance.

The Company may delay payment for not more than six months after a request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate not less than 3% a year will be paid from the date of request to the date of payment.

DEPOSIT PRIVILEGE

If this policy is surrendered and the proceeds placed under a settlement option other than the interest option, a single deposit may be made at the time of surrender to increase the proceeds. This deposit privilege is available between the policy anniversary nearest the Insured's sixtieth birthday and that nearest the Insured's seventieth birthday, but only if the policy has been in force for five years and no premium is in default. The maximum acceptable deposit is that which, when added to the cash value and applied under the life income option with a guaranteed period of ten years, would result in a monthly income of \$10 for each \$1,000 of face amount of this policy. A charge not exceeding 3% of the deposit amount, plus any applicable premium taxes, may be made by the Company. Maximum deposit amounts for various ages will be furnished on request.

BASIS OF VALUES

The cash values, reserves, and net single premiums referred to in this policy are based on the Commissioners 2001 Standard Ordinary Mortality Table, Aggregate, 80%M, Ultimate scale, with ages based on age nearest birthday. Continuous functions and an interest rate of 4% a year are used to calculate the cash values and reserves. The cash value of this policy is equal to the value shown on the Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this policy equal or exceed those required by the laws of the state in which it is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

TABLE OF VALUES

[999999914A]

For explanation, see Non-Forfeiture, Loan, and Basis of Values Provisions. These values assume no policy loans and no credits resulting from dividends. Values for other dates will be furnished upon request.

End Of Policy Year	Attained Age	Cash Value	Paid - Up Insurance	[Extended Term] [Insurance]	
				[Years]	[Days]
1	[36]	[0.00]	[0.00]	[0]	[0]
2	[37]	[383.00]	[1,800.00]	[2]	[342]
3	[38]	[1,570.00]	[6,900.00]	[9]	[246]
4	[39]	[2,797.00]	[11,900.00]	[14]	[137]
5	[40]	[4,066.00]	[16,700.00]	[17]	[216]
6	[41]	[5,161.00]	[20,400.00]	[19]	[154]
7	[42]	[6,289.00]	[24,000.00]	[20]	[305]
8	[43]	[7,449.00]	[27,500.00]	[21]	[324]
9	[44]	[8,641.00]	[30,900.00]	[22]	[253]
10	[45]	[9,863.00]	[34,000.00]	[23]	[125]
11	[46]	[11,116.00]	[37,100.00]	[23]	[317]
12	[47]	[12,400.00]	[40,100.00]	[24]	[103]
13	[48]	[13,717.00]	[42,900.00]	[24]	[214]
14	[49]	[15,075.00]	[45,600.00]	[24]	[287]
15	[50]	[16,473.00]	[48,200.00]	[24]	[331]
16	[51]	[17,912.00]	[50,800.00]	[24]	[349]
17	[52]	[19,387.00]	[53,200.00]	[24]	[346]
18	[53]	[20,895.00]	[55,600.00]	[24]	[322]
19	[54]	[22,434.00]	[57,800.00]	[24]	[280]
20	[55]	[23,998.00]	[59,900.00]	[24]	[220]
At Attained Age	[55]	[23,998.00]	[59,900.00]	[24]	[220]
At Attained Age	[60]	[32,189.00]	[67,900.00]	[23]	[91]
At Attained Age	[65]	[40,931.00]	[76,800.00]	[21]	[126]

Life Paid Up At 90
[100,000.00]

Issue Age: [35]



MTL INSURANCE COMPANY

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Founded in 1904

WHOLE LIFE INSURANCE POLICY

This is a **WHOLE LIFE INSURANCE POLICY** payable upon the Insured's death prior to the Maturity Date. Premiums are payable for the period shown on Page 3. Dividends are credited annually.

SINGLE PREMIUM PAID-UP INSURANCE RIDER

The Company will pay the death benefit amount shown for this rider on the Policy Specifications page of the policy to which it is attached (the "policy") upon receipt of proof that the Insured died before termination of this rider. This amount will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan.

GENERAL PROVISIONS

This rider will be incontestable after it has been in force during the lifetime of the Insured for two years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

EFFECTIVE DATE

The Effective Date of this rider is _____.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

LOANS

The cash value which the Company will loan will include the cash value of this rider. Any loan will be allocated to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

NONFORFEITURE OPTION

Upon default of premium payment on the policy, this rider will be continued as participating paid-up insurance at the end of the grace period. The amount of this paid-up insurance is the face amount shown for this rider shown on the Policy Specifications page of the policy.

CASH SURRENDER

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan allocated to this rider. The rider cash surrender value will be based on the then current net single premium for that insurance, less any policy loan allocated to the rider. However, the rider surrender value as of any policy anniversary will apply for thirty-one days after that date. Any cash surrender value available under this rider at any other time shall be calculated with allowance for lapse of time from the last preceding policy anniversary.

The Company may delay payment for not more than six months after request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.

DIVIDENDS

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company and will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

BASIS OF VALUES

The cash values, reserves, and net single premiums referred for this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, Male/Female, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. The cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

SINGLE PREMIUM PAID-UP INSURANCE RIDER (continued)

MISSTATED AGE OR SEX

If the age or sex of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age or sex.

TERMINATION

This rider will terminate either upon the termination or maturity of the policy or at the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option. This rider may also be terminated on any premium due date for the policy by written request and return of policy for endorsement.

MTL INSURANCE COMPANY

By



Sr. Vice President

SINGLE PREMIUM PAID-UP INSURANCE RIDER

The Company will pay the death benefit amount shown for this rider on the Policy Specifications page of the policy to which it is attached (the "policy") upon receipt of proof that the Insured died before termination of this rider. This amount will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan.

GENERAL PROVISIONS

This rider will be incontestable after it has been in force during the lifetime of the Insured for two years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

EFFECTIVE DATE

The Effective Date of this rider is _____.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

LOANS

The cash value which the Company will loan will include the cash value of this rider. Any loan will be allocated to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

NONFORFEITURE OPTION

Upon default of premium payment on the policy, this rider will be continued as participating paid-up insurance at the end of the grace period. The amount of this paid-up insurance is the face amount shown for this rider shown on the Policy Specifications page of the policy.

CASH SURRENDER

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan allocated to this rider. The rider cash surrender value will be based on the then current net single premium for that insurance, less any policy loan allocated to the rider. However, the rider surrender value as of any policy anniversary will apply for thirty-one days after that date. Any cash surrender value available under this rider at any other time shall be calculated with allowance for lapse of time from the last preceding policy anniversary.

The Company may delay payment for not more than six months after request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.

DIVIDENDS

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company and will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

BASIS OF VALUES

The cash values, reserves, and net single premiums referred for this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, 80%M, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. The cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

SINGLE PREMIUM PAID-UP INSURANCE RIDER (continued)

MISSTATED AGE

If the age of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age.

TERMINATION

This rider will terminate either upon the termination or maturity of the policy or at the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option. This rider may also be terminated on any premium due date for the policy by written request and return of policy for endorsement.

MTL INSURANCE COMPANY

By



Sr. Vice President

ANNUAL PREMIUM PAID-UP INSURANCE RIDER

The Company will pay the death benefit amount shown for this rider on the Policy Specifications pages of the policy to which it is attached (the "policy") upon receipt of proof that the Insured died before termination of this rider. This amount will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan. Premiums for this rider are payable for the period shown on the Policy Specifications page.

GENERAL PROVISIONS

This rider will be incontestable after it has been in force during the lifetime of the Insured for two years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. Any premium for this rider due before the policy anniversary following the date of death of the Insured will be deducted from the death benefit. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

EFFECTIVE DATE

The Effective Date of this rider is _____.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

LOANS

The cash value which the Company will loan will include the cash value of this rider. Any loan will be allocated to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

NONFORFEITURE OPTION

Upon default of premium payment on this rider or upon written request that the premium for this rider be discontinued, this rider will be continued as participating paid-up insurance at the end of the grace period. The amount of this paid-up insurance will be that which can be purchased by the cash surrender value of this rider as a net single premium on the date of default.

CASH SURRENDER

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan allocated to this rider. The cash value of this rider on any policy anniversary will be based on the net single premium on that anniversary for the rider coverage in force during the preceding policy year. The cash value at any other time when no premium is in default will be determined with allowance made for the time elapsed since the last policy anniversary. Within sixty days after default in payment of a premium, the cash surrender value will be calculated as of that premium due date. Within thirty-one days after any policy anniversary, the cash surrender value of paid-up life insurance in force under the nonforfeiture option will be the net single premium as of that anniversary less any loan allocated to this rider.

The Company may delay payment for not more than six months after request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.

REINSTATEMENT

If the policy is reinstated and the premium for this rider is paid to the same date as the policy, the rider also may be reinstated. Evidence of insurability satisfactory to the Company will be required unless reinstatement is within 60 days after the due date of the first premium in default and while the Insured is living. However, this rider cannot be reinstated if it has been surrendered. Any portion of this rider which has been surrendered cannot be reinstated.

DIVIDENDS

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company and will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

ANNUAL PREMIUM PAID-UP INSURANCE RIDER (continued)

BASIS OF VALUES

The cash values, reserves, and net single premiums referred for this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, Male/Female, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. The cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

MISSTATED AGE OR SEX

If the age or sex of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age or sex.

TERMINATION

This rider will terminate either upon the termination or maturity of the policy or at the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option. This rider may also be terminated on any premium due date for the policy by written request and return of policy for endorsement.

MTL INSURANCE COMPANY

By



Sr. Vice President

ANNUAL PREMIUM PAID-UP INSURANCE RIDER

The Company will pay the death benefit amount shown for this rider on the Policy Specifications pages of the policy to which it is attached (the "policy") upon receipt of proof that the Insured died before termination of this rider. This amount will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan. Premiums for this rider are payable for the period shown on the Policy Specifications page.

GENERAL PROVISIONS

This rider will be incontestable after it has been in force during the lifetime of the Insured for two years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. Any premium for this rider due before the policy anniversary following the date of death of the Insured will be deducted from the death benefit. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

EFFECTIVE DATE

The Effective Date of this rider is _____.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

LOANS

The cash value which the Company will loan will include the cash value of this rider. Any loan will be allocated to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

NONFORFEITURE OPTION

Upon default of premium payment on this rider or upon written request that the premium for this rider be discontinued, this rider will be continued as participating paid-up insurance at the end of the grace period. The amount of this paid-up insurance will be that which can be purchased by the cash surrender value of this rider as a net single premium on the date of default.

CASH SURRENDER

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan allocated to this rider. The cash value of this rider on any policy anniversary will be based on the net single premium on that anniversary for the rider coverage in force during the preceding policy year. The cash value at any other time when no premium is in default will be determined with allowance made for the time elapsed since the last policy anniversary. Within sixty days after default in payment of a premium, the cash surrender value will be calculated as of that premium due date. Within thirty-one days after any policy anniversary, the cash surrender value of paid-up life insurance in force under the nonforfeiture option will be the net single premium as of that anniversary less any loan allocated to this rider.

The Company may delay payment for not more than six months after request is made for cash surrender. If payment is delayed for thirty days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.

REINSTATEMENT

If the policy is reinstated and the premium for this rider is paid to the same date as the policy, the rider also may be reinstated. Evidence of insurability satisfactory to the Company will be required unless reinstatement is within 60 days after the due date of the first premium in default and while the Insured is living. However, this rider cannot be reinstated if it has been surrendered. Any portion of this rider which has been surrendered cannot be reinstated.

DIVIDENDS

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company and will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

ANNUAL PREMIUM PAID-UP INSURANCE RIDER (continued)

BASIS OF VALUES

The cash values, reserves, and net single premiums referred for this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, 80%M, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. The cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified on that page. Values for policy years not shown are calculated on the same basis and will be furnished upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the insurance officials of that state.

MISSTATED AGE

If the age of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age.

TERMINATION

This rider will terminate either upon the termination or maturity of the policy or at the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option. This rider may also be terminated on any premium due date for the policy by written request and return of policy for endorsement.

MTL INSURANCE COMPANY

By



Sr. Vice President

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>39271</i>
<i>Company Tracking Number:</i>	<i>1BJ</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Covenant II</i>		
<i>Project Name/Number:</i>	<i>Covenant II/1BJ et al</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MTLC-125647304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>39271</i>
<i>Company Tracking Number:</i>	<i>1BJ</i>		
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<i>Product Name:</i>	<i>Covenant II</i>		
<i>Project Name/Number:</i>	<i>Covenant II/1BJ et al</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/14/2008

Comments:

Attachments:

STATE OF ARKANSAS compliance form.pdf
Readability.pdf

Review Status:

Satisfied -Name: Application

05/14/2008

Comments:

This application was previously approved in your state on May 9, 2006.

Attachment:

6300-06 AR.pdf

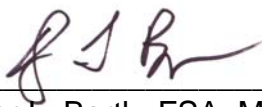
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: MTL Insurance Company

Form Title(s): Whole Life Insurance Policies and Paid-Up Insurance Riders

Form Numbers(s): 1BJ, 1BK, P16, P17, P20 and P21

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19 and 49, as well as the other laws and regulations of the State of Arkansas.



Roger L. Barth, FSA, MAAA
Vice President

June 11, 2008
Date

CERTIFICATION OF READABILITY

State of

Form Number

Flesch Readability Score

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of

_____.

Company

Signature

Name

Title

Date



MTL INSURANCE COMPANY

A member of the **MUTUAL TRUST FINANCIAL GROUP**

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Toll-Free: (800) 323-7320

APPLICATION FOR LIFE INSURANCE

INSTRUCTIONS:

1. All questions must be answered. Any changes must be initialed by the Applicant. Lines drawn through questions and "N/A" are not acceptable; "NONE" must be used instead.
 2. The OWNER'S SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER must be provided in the Application (Question 4d). If the Owner is other than the Insured, the Owner's signature is required. Owner must also complete and sign page ten.
 3. Medical Questions 21-28 should be completed even though a medical or paramedical examination is required. Failure to do so may result in an unnecessary delay.
-

TABLE OF CONTENTS:

Page 2	Conditional Receipt Consumer Notice
Pages 3 - 7	Application for Life Insurance (Part I)*
Page 8	Agent's Report*
Page 9	HIPAA Medical Information Authorization*
Page 10	Owner's Tax Identification Number Certification*
Page 11	Pre-Authorized Payment Plan Request*

*Signature(s) Required

How to speed your case through Underwriting

1. Complete all forms legibly and fully. Leaving blanks causes delays and often also means an amendment on delivery.
2. Schedule any necessary requirements, such as an exam, EKG, blood and urine tests promptly.
3. Give full addresses for any doctors named in this application, including phone numbers.
4. Track your applications through our weekly pending report sent to your General Agent or go to our agent website at <https://agent.mutualtrust.com>.
5. Fax completed applications to 800-522-0449.



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

CONDITIONAL RECEIPT

*****DO NOT DETACH CONDITIONAL RECEIPT OR COLLECT PREMIUM IF FACE AMOUNT EXCEEDS \$250,000*****

In connection with an application, which bears the same date as this receipt, made to MTL INSURANCE COMPANY for a policy on the life of _____
\$_____ has been received. This payment is made and accepted subject to the following conditions:

Insurance under the terms of the policy applied for, but not in excess of \$250,000, shall take effect as of the date of the application PROVIDED that on such date, each person to be insured was, in the opinion of the Company's authorized officers, insurable and acceptable under the Company's rules and practices for the policy exactly as applied for. If less than an annual premium has been paid, any insurance effective under this receipt shall be in force only for that portion of the policy year for which the premium has been paid. If the Proposed Insured is not so insurable and acceptable, the company has no liability under this receipt other than to return the sum tendered with the application.

Date_____ X_____ Agent

All premium checks must be made payable to the MTL Insurance Company. DO NOT make any check payable to the agent or leave the payee blank. We do not accept third party checks.

FORM NO. 6305-06



CONSUMER NOTICE

****THIS SECTION MUST BE DETACHED AND GIVEN TO THE PRIMARY INSURED AND GIVE A COPY TO EACH ADDITIONAL INSURED****

THANK YOU for your application for insurance. As part of the normal underwriting procedure, an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living may be obtained. This information will be obtained through personal interviews with you and/or friends, neighbors, and associates. Upon written request to our New Business Department, a summary of your rights and complete information as to the nature and scope of such report will be provided.

By use of the reports mentioned above, we are able to offer insurance coverage at the lowest possible cost to all who qualify. We appreciate the opportunity of serving your life insurance needs and want to assure you that your application will receive the most prompt and favorable consideration possible.

PLEASE NOTE that information regarding your insurability will be treated as confidential, except that MTL Insurance Company or its reinsurer(s) may make a brief report thereon to the Medical Information Bureau. This is a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Bureau will supply that company with information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Boston, Massachusetts 02112; telephone number 617-426-3660.

MTL Insurance Company or its reinsurer(s) may also release information in its file directly to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may be submitted.

MTL INSURANCE COMPANY

OAK BROOK, ILLINOIS 60522-9060

MTL INSURANCE COMPANY
 1200 Jorie Boulevard Oak Brook, Illinois 60522-9060
APPLICATION FOR LIFE INSURANCE

1. Persons Proposed for Coverage

Print First Name, Middle Initial, Last Name	Occupation	Relationship to Primary Insured	State of Birth	Date of Birth			Age Nearest Birthday	Sex	Marital Status	Height		Weight
				Mo.	Da.	Yr.				Ft.	In.	
a.		Primary Insured										
b.												
c.												
d.												
e.												
f.												
g.												

2. Primary Insured's Residence Address (give addresses for 5 years - current first, then most recent former, etc.)

Street Address or Rural Route (No PO Boxes)	City and State	Zip	Phone Number	Time There Yrs. Mos.
			Not Applicable	
			Not Applicable	

3. Primary Insured's Business Address (present employer first, then most recent former employer)

Employer	Street Address	City and State	Zip	Phone Number	Time There Yrs. Mos.
				Not Applicable	

4. OWNER - (Question 4d must always be completed)

a. Give full name of Owner if other than Primary Insured. Relationship to Insured Birth Date
 Owner _____

b. Upon death, the rights of the deceased Owner shall pass to the estate of the Owner, unless otherwise specified below:
 Contingent Owner Relationship to Insured Birth Date

c. All mail to be sent to Owner(s) at: (Complete if different than #2 above.)
 Street Address _____ City & State _____ Zip _____

d. Owner's Social Security or Tax ID Number: ☐ Individual Social Security No. ☐ Corporation ☐ Partnership ☐ Trustee

Under penalties of perjury, I certify that this tax number is correct and that I am not subject to backup withholding.

5. Insurance now in force on life of any Proposed Insured

Name of Proposed Insured	Company	Amount	Year Issued	Accidental Death Amount	Business Insurance	
					Yes	No
a.						
b.						
c.						
d.						
e.						
f.						
g.						

6. Traditional Life on the _____ Plan
- ☐ \$ _____ Initial Face Amount
- ☐ Money Purchase \$ _____ Premium
- ☐ Waiver of Premium
- ☐ 2 year "own occupation"
- ☐ 5 year "own occupation"
- ☐ \$ _____ Accidental Death
- ☐ \$ _____ Children Insurance
- ☐ Term Rider
- Type _____ Amount \$ _____
- ☐ Paid up Additions Rider
- Type _____
- ☐ Face amount or ☐ Premium \$ _____
- ☐ \$ _____ Purchase Option
- ☐ Automatic Premium Payment (permanent plans only)
- ☐ Accelerated Death Benefit Rider
- ☐ _____

- 6A. Dividends:
- ☐ To be paid in cash ☐ To apply on premiums
- ☐ To buy paid up additions ☐ Level Death Benefit
- ☐ To accumulate at interest
- ☐ One Year Term equal to the cash value of the basic plan plus any excess current dividend applied to one of the above (designate which one)
- ☐ To buy one year term only
- ☐ Maximum Accumulation Dividend Option (Must have an Annual Paid up Additions Rider with this option)
- ☐ _____

7. Flexible Premium Adjustable Life on the _____ Plan
- \$ _____ Initial Face Amount
- Planned Annual Premium \$ _____
- Death Benefit Option
- ☐ A Face Amount plus Account Value
- ☐ B Face Amount
- ☐ C Face Amount plus Paid Premiums minus Partial Withdrawals
- No Lapse Period
- ☐ 20 Year ☐ 30 Year ☐ 40 Year
- Death Benefit Calculation Test
- ☐ Guideline Premium ☐ Cash Value Accumulation
- ☐ Waiver of Monthly Deduction Rider
- ☐ \$ _____ Accidental Death
- ☐ \$ _____ Children Insurance
- ☐ \$ _____ Purchase Option
- ☐ \$ _____ Additional Insured Rider
- ☐ \$ _____ Proposed Insured
- ☐ \$ _____ Additional Insured Rider
- ☐ \$ _____ Proposed Insured
- ☐ \$ _____ Additional Insured Rider
- ☐ \$ _____ Proposed Insured
- ☐ \$ _____ Additional Insured Rider
- ☐ \$ _____ Proposed Insured
- ☐ \$ _____

- 7A. Dividends
- ☐ To be paid in cash
- ☐ To apply toward Account Value

8. Mode of premium payment desired:
- ☐ Annual ☐ Semi-Annual ☐ Quarterly
- ☐ Pre-Authorized Check (PAC)
- ☐ _____

9. Has any Proposed Insured, within the last ten years, been declined, postponed or refused reinstatement for life or health insurance or been offered a policy with an extra premium or otherwise not as applied for?
- ☐ Yes ☐ No (If "yes," state person, company, date and details.)
- _____
- _____

10. Are any other applications for insurance on the life of any Proposed Insured now pending or contemplated?
- ☐ Yes ☐ No (If "yes," state amount, person, company and details.)
- _____
- _____

11. Is this policy applied for intended to replace existing life insurance or annuities on the life of any Proposed Insured?
- ☐ Yes ☐ No (If "yes," give company, person, policy number, amount, type and issue date of policies.)
- _____
- _____

12. Are all Proposed Insureds citizens of the U.S.A.?
- ☐ Yes ☐ No (If "no," give details, name of person and the present status.)
- _____
- _____

13. Has any Proposed Insured ever been indicted for or convicted of a felony?
- ☐ Yes ☐ No (If "yes," explain.)
- _____
- _____

14. Has any Proposed Insured within the past three years:
- a. Engaged in any kind of Racing, Scuba or Sky diving, or other hazardous avocation, or does any Proposed Insured intend to do so?
- ☐ Yes ☐ No (If "yes," complete Avocation Supplement.)
- b. Been convicted of driving while intoxicated or of two or more other moving violations, or had a drivers license suspended or revoked?
- ☐ Yes ☐ No (If "yes," give details, and name of person.)
- _____
- _____

c. Give the following information for any Proposed Insured who is a licensed driver:

Name	License No.	State	Exp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Give the following information for the Owner if other than Primary Insured:

Name	Lic. / ID No. & Type	State	Exp.
_____	_____	_____	_____
_____	_____	_____	_____

15. Has any Proposed Insured, within the past three years, flown in any type of aircraft as a pilot, student pilot or crew member, or does any Proposed Insured intend to do so in the next twelve months?
- ☐ Yes ☐ No (If "yes," complete Aviation Supplement.)
- _____
- _____

16. Does any Proposed Insured contemplate leaving the U.S.A. for travel or residence?
- ☐ Yes ☐ No (If "yes," explain.)
- _____
- _____

PART I OF APPLICATION (Continued)

17. BENEFICIARY - Death benefit proceeds are to be paid as follows unless other written requests are submitted.

<u>Proposed Insured</u>	<u>Full Name of Beneficiary(s)</u>	<u>Relationship to Insured</u>	<u>Birth Year</u>
Primary Insured	Primary _____		
	Contingent _____		
_____ Additional Insured	Primary _____		
	Contingent _____		
_____ Additional Insured	Primary _____		
	Contingent _____		

Spouse: Unless stated differently above, a Spouse's death benefit shall be paid to the Primary Insured if living; if not living, to the estate of the Spouse.

Children: Unless stated differently above, a Child's death benefit shall be paid to the Primary Insured, if living; if not living, to the Primary Insured's legal Spouse as of the date of death of the Primary Insured, if living; if none, or if not living, to the estate of such Child.

Unless otherwise specified, beneficiaries of the same class will share equally with the right of survivorship. If a Trustee is named above, payment to such Trustee will discharge the Company from further liability to the extent of that payment.

18. Complete only if Primary Insured is **under age 15**.

a. Print Owner's name and address

b. **Owner / Applicant** Waiver of Premium coverage desired?

☐ Yes ☐ No (If "yes," include Owner / Applicant in all Questions of the Application.)

19. HOME OFFICE ENDORSEMENTS:

20. REMARKS

Question	Name of Person	Details

Circle all applicable items and provide details for all "YES" answers in question 27.

21. Has any Proposed Insured, within the past 10 years, been advised of, had known indication of, sought consultation for, or been treated for:	YES	NO	23. Has any Proposed Insured within the past 10 years:	YES	NO
a. Convulsions, seizures, paralysis, stroke, mental or nervous disorder, attempted suicide, or recurrent dizziness, fainting or headaches?			a. Used barbiturates, heroin, cocaine, marijuana, or any other illegal or controlled substance, except as prescribed by a physician?		
b. Asthma, emphysema, tuberculosis, bronchitis or chronic respiratory disorder, sleep apnea or persistent shortness of breath?			b. Been advised to seek, or received counseling or treatment, or attended or joined any organization for alcohol or drug dependence?		
c. Chest pain or tightness, palpitations, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels?			24. Other than above, has anyone proposed for insurance within the past 5 years:	YES	NO
d. Hepatitis, intestinal bleeding, ulcer, colitis, recurrent diarrhea or indigestion, or other disorder of the stomach, intestines, liver or pancreas?			a. Had a mental or physical disorder, illness, injury or surgery?		
e. Sugar, albumin, blood or pus in urine, venereal disease or other disorder of kidney, bladder, prostate, breasts or reproductive organs?			b. Had a checkup or other consultation?		
f. Diabetes, thyroid or other endocrine disorders?			c. Been a patient in a hospital, clinic, medical center or other medical facility?		
g. Arthritis, or disorder of the muscles, bones, spine, back or joints?			d. Had an EKG, stress test or any other diagnostic test?		
h. Disorder of the skin, lymph glands, cyst, tumor or cancer?			e. Been advised to have any diagnostic test, hospitalization or surgery which was not completed?		
i. Disorder of the eyes, anemia or other disorder of the blood?			f. Requested or received a pension, benefits, or payment because of an injury, sickness or disability?		
22. Has any Proposed Insured, within the past 10 years, been medically diagnosed or treated by a physician as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immunological disorder?	YES	NO	25. Has anyone proposed for insurance:	YES	NO
			a. Lost or gained more than 15 lbs in the past year? If "yes," indicate reason and amount of gain or loss.		
			b. Smoked any cigarettes in the past 12 months?		
			c. Used tobacco in any other form in the past 12 months?		
			26. Is anyone proposed for insurance now under observation by a physician or taking any prescription medication(s)?	YES	NO
27. DETAILS of "YES" answers. IDENTIFY QUESTION NUMBER AND INCLUDE: Person, diagnoses, prescription medication(s), dates, duration, and names and addresses of all attending physicians and medical facilities. If additional space is needed, use Question 20.					
Question	Name of Person	Details			

28. Primary Insured Family History:								Yes	No
Has any family member been diagnosed with diabetes, cancer, stroke, heart or kidney disease or mental illness? If "yes," give details including date of diagnosis _____									

	Age if Living	Cause of Death	Age at Death		No. Living	No. Dead	Cause of Death	Age at Death	
Father				Brothers					
Mother				Sisters					

PART I OF APPLICATION (Continued)

In connection with an application, which bears the same date as this receipt, made to MTL INSURANCE COMPANY for a policy on the life of _____ \$_____ has been received. This payment is made and accepted subject to the following conditions:

Insurance under the terms of the policy applied for, but not in excess of \$250,000, shall take effect as of the date of the application PROVIDED that on such date, each person to be insured was, in the opinion of the Company's authorized officers, insurable and acceptable under the Company's rules and practices for the policy exactly as applied for. If less than an annual premium has been paid, any insurance effective under this receipt shall be in force only for that portion of the policy year for which the premium has been paid. If the Proposed Insured is not so insurable and acceptable, the company has no liability under this receipt other than to return the sum tendered with the application.

_____ Owner (please initial only if premium was collected)

The undersigned hereby represent(s) that the foregoing statements and answers to the best of our (my) knowledge and belief, as well as any made in continuation hereof, are complete and true, and it is agreed as follows:

- 1. That all of said statements and answers, including those in continuation hereof, shall constitute the application and form the basis of any policy that may be issued;
- 2. That the company shall incur no liability under this application until it has been received, approved, a policy issued and delivered and the full first premium has actually been paid to and accepted by the Company, all while the health, occupation and any other conditions relating to each person to be insured are as described in this application, in which case such policy shall take effect as of the date of issue shown therein; PROVIDED, however, that if payment is made in exchange for a Conditional Receipt bearing the same date as Part I of this application, insurance shall take effect if the conditions stated in said receipt are satisfied;
- 3. That if the Company should issue a policy different from that applied for, or in the case of apparent errors or omissions discovered by the Company, the Company is hereby authorized to amend this application by recording the change in the space entitled "Home Office Endorsements," and the acceptance of any policy issued on this application shall constitute an approval of the policy provisions and a ratification of such amendment. However, any amendment relating to amount, classification, plan of insurance or benefits shall be made only with the written consent of the Insured and the Applicant if other than the Insured.

I/We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, or of any of my minor children who are to be insured, to give to the MTL Insurance Company any such information. This authorization shall permit the above named company, its reinsurer(s) or its representative, and any consumer reporting agency to view, copy, be furnished copies, or be given details of: (a) medical and other history; (b) mental or physical conditions; (c) evaluation, diagnosis, treatment, and prognosis of mental or physical conditions. Such information shall specifically include psychiatric treatment and drug or alcohol abuse treatment. A photocopy of this authorization shall be as valid as the original. This authorization expires two years after the date of the policy.

I/We acknowledge receipt of the disclosure statement regarding the investigative consumer report and the Medical Information Bureau, and authorize the company to obtain a consumer investigative report if deemed necessary.

I elect to be interviewed if a consumer report is prepared in connection with this application. Please contact me during the hours of _____ and _____. Telephone number of Proposed Primary Insured _____.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ Date _____
(City and State)

Signature of Proposed Primary Insured (Age 15 or over)

Signature of Owner if other than Proposed Primary Insured
(Include Title/Relationship)

Signature of Spouse (If proposed for coverage)

Signature of Parent/Legal Guardian if minor (Under Age 15)

Signature of Other Proposed Insured (Age 15 or over)

Signature of Witness (Agent)

Signature of Other Proposed Insured (Age 15 or over)

AGENT'S CERTIFICATION: To the best of my knowledge, a replacement of life insurance or annuities is ☐ is not ☐ involved in this transaction. I also certify that prior to signing this application, I delivered to the Applicant any proposal, outline of coverage, Buyer's Guide, comparison and/or disclosure statement required by Federal Law or by the law in the state where this application was signed.

Date _____ Signature of Agent _____

AGENT'S REPORT

WRITING AGENT MUST COMPLETE THIS FORM

MTL INSURANCE COMPANY

1. What is the purpose of this insurance? ☐ Key Person ☐ Stock Redemption ☐ Buy/Sell ☐ Creditor ☐ Personal
☐ Estate Liquidity ☐ Other _____

2. Personal Finances:

- a. Total Assets \$ _____ b. Total Liabilities \$ _____ c. Net Worth \$ _____
d. Earned Income \$ _____ e. Unearned Income \$ _____ f. Tax Status: _____
g. Owner's Financial Objectives: _____
h. Other Information Affecting Owner's Decision to Purchase this Policy: _____

(If face amount applied for EXCEEDS one million dollars, submit a current Personal Financial Questionnaire Form No. 4510.)

3. Business Finances (COMPLETE ONLY IF THIS IS BUSINESS INSURANCE):

- a. Total Assets \$ _____ b. Total Liabilities \$ _____ c. Net Worth \$ _____
d. Net Profit after Taxes for Past Two Years \$ _____ \$ _____
(Last Year) (Previous Year)
e. What is Proposed Insured's percentage of ownership in this firm? _____
f. Is there business insurance applied for or in force on other key members of this firm? ☐ Yes ☐ No
If "yes," provide details. If "no," please explain. _____

- g. Has Proposed Insured or his/her company ever filed for bankruptcy? ☐ Yes ☐ No
If "yes," provide details and dates. _____

4. Type of business: ☐ Sole owner ☐ Partnership ☐ Corp. ☐ Other _____

(If face amount applied for EXCEEDS one million dollars, submit Business Financial Questionnaire Form No. 4513 along with the required business financial statements.)

<p>5. How long and how well have you known the Proposed Insured? (If related, explain) _____</p>	<p>10. Complete for Writing Agent Name Code %</p>
<p>6. Are you aware of anything about the health, habits, or avocations, which may affect the insurability of any person proposed for insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give full details in question 13.</p>	<p>11. If case is to be shared with other licensed and contracted agent(s), complete the following: Name Code %*</p>
<p>7. If Insured is married: (a) Spouse's name _____ (b) How much insurance on spouse? _____ (c) If no insurance, explain _____</p>	<p>_____ _____ *% must be whole number and at least 10%.</p>
<p>8. If Insured is under age 15, indicate amount of insurance on each parent and each sibling in question 13.</p>	<p>12. Was a sale system used in this sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate which one was used. _____</p>
<p>9. ADDITIONAL OR ALTERNATIVE policy requests (maximum of two): <input type="checkbox"/> To be placed in addition to original <input type="checkbox"/> To be placed in addition to original <input type="checkbox"/> To be placed instead of original <input type="checkbox"/> To be placed instead of original Policy to be same as original, except for the following: Policy to be same as original, except for the following: Amount \$ _____ Amount \$ _____ Plan _____ Plan _____ Benefits _____ Benefits _____ Other _____ Other _____</p>	<p>13. Remarks and special requests</p>

CERTIFICATE: I was personally in the presence of the Insured(s) when this application was completed and signed. Answers to all questions are properly recorded and, to the best of my knowledge, are complete and true. I represent that I have only used company-approved material and copies of all sales material were left with the applicant. I gave the Proposed Insured(s) the consumer notice regarding the MIB and Fair Credit Reporting Act. I have reasonable grounds for believing that the recommendation is suitable on the basis of facts disclosed. I recommend acceptance at standard rates and without restriction, except as stated above.

Date _____ X _____ Writing Agent



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Toll-Free: (800) 323-7320

Authorization for Release of Medical Information for the purpose of applying for life insurance

This authorization complies with the HIPAA Privacy Rule.

Name of Proposed Insured/Patient:

(Last)

(First)

(Middle)

(Maiden)

(Date of Birth)

I/We authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to MTL Insurance Company ("the Company") and its agents, employees, and representatives including retrieval service companies. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By signing below, I/we acknowledge that any agreements I/we have made to restrict our protected health information do not apply to this authorization and we instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider to release and disclose our entire medical record without restriction.

I/We understand this authorization is voluntary and that such information will be used by the Company for the purpose of evaluating my application for life insurance. Further, I understand that my authorization is required for the Company to consider my application and to determine whether or not an offer of coverage will be made. No action will be taken on my application without my signed authorization. I understand information obtained with my authorization may be re-disclosed by the Company as permitted or required by law and no longer protected by the federal privacy laws.

I/We understand this consent may be revoked in writing at anytime. This consent may not be revoked to the extent that disclosure of information has already occurred, prior to the receipt of revocation by the Proposed Insured(s). Authorization will be considered valid for a period of time not to exceed 24 months from the date of the policy. A photocopy of this authorization is to be considered as valid as the original. A copy of this authorization will be provided by the Company upon request.

IMPORTANT: This authorization must be signed and dated by all Applicants as required. (This includes your spouse and all dependents age 15 or over who are applying for coverage.) Missing signatures or dates may cause a delay in processing.

Primary Insured's Signature: X _____ Date Signed: ____/____/____
Mo. Day Yr.

Spouse's Signature (ONLY if to be insured): X _____ Date Signed: ____/____/____
Mo. Day Yr.

Signature of other Proposed Insured (Age 15 or over): X _____ Date Signed: ____/____/____
Mo. Day Yr.

Signature of other Proposed Insured (Age 15 or over): X _____ Date Signed: ____/____/____
Mo. Day Yr.

Signature of other Proposed Insured (Age 15 or over): X _____ Date Signed: ____/____/____
Mo. Day Yr.

Owner's Tax Identification Number Certification

Tax Identification Number _____

☐ Individual Social Security No. ☐ Corporation ☐ Partnership ☐ Trustee ☐ Other _____

Under penalties of perjury, I certify that;

1. The number shown on this form is my correct Tax Identification number; and
2. I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U. S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Date Signed

Signature of Owner



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Toll-Free: (800) 323-7320

Pre-Authorized Payment Plan Request

☐ New Plan

☐ Add to Existing Plan

☐ Change of Bank

I want to make premium payments through the **Pre-Authorized Payment Plan**. I instruct MTL Insurance Company to make monthly withdrawals from the account I have specified and pay premiums on the policy(ies) listed. Make the deduction on the ___1st, ___5th, ___10th, ___15th, ___20th or ___25th of each month, beginning_____ (month / year).

Policy Number(s)

☐ Draw an additional \$_____ (minimum \$25.00) each month and apply it to reduce the loan on Policy No._____. If this monthly payment exceeds the amount needed to repay the loan completely, the deduction will be adjusted to the payoff amount and this part of the agreement will end.

I understand and agree that

1. The Plan will be effective when approved by the Company.
2. The Company will send no premium notices for policies on the Plan.
3. This Plan may be stopped by the Owner, the Depositor if other than the Owner, or by the Company at any time upon written notification.
4. If the Plan is terminated for any reason, premiums will be payable as provided in the policy.

Date Signed

Depositor(s)

Owner (other than Depositor)

**Attach Specimen
Check Here**

Bank Name _____

Address _____

Account Number _____

Type of Account _____ Checking _____ Savings